carried out when the patient is 10 weeks of age, weighs 4.5 kg (10 lb), and has a hemoglobin level of 100 grams per liter (10 grams per dl). The palate may be closed as early as 6 months to encourage the development of speech and preserve hearing. These children require serial examinations by an interdisciplinary team to detect associated problems and to develop a coordinated treatment plan. In the future we may see even earlier intervention for the correction of these problems using in utero techniques.

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## Basal Cell Carcinoma

BASAL CELL CARCINOMAS, like the other radiation-induced skin cancers, are increasing in incidence, with an estimated 400,000 new cases diagnosed each year. The typical basal cell carcinoma appears as a shiny, pearl-white lesion that frequently has a central ulceration and surrounding telangiectasia. The borders are usually distinct, except for those of the morpheaform type, which spread diffusely with tentacle-like projections. Basal cell carcinomas virtually never metastasize and are most commonly superficial; however, they can be deeply invasive. These cancers invade local tissues by direct extension and cause both functional and aesthetic deformities. They may involve vital structures, such as the eye, or grow along embryonic fusion planes and invade the sinuses and brain.

Recent retrospective studies have shown that there are many effective methods for the treatment of basal cell carcinoma, with cure rates of greater than 94%. With the goal of obtaining adequate tissue margins with the best functional and aesthetic result, therefore, the current treatment of these skin cancers should be based on their size, depth, and histopathologic characteristics. Small (less than 2 cm) superficial basal cell lesions can be effectively treated with either electrodesiccation and curettage or cryosurgery, with cure rates of 95% and 97%, respectively. These are inexpensive and simple techniques that give good cosmetic results on the extremities and torso. Surgical excision in the relaxed skin tension lines with 0.5-mm margins is similarly effective, with cure rates of 94%, and frequently gives the best cosmetic result, particularly on the face. Mohs' micrographic surgery is recommended for basal cell carcinomas larger than 2 cm or those at higher risk for local recurrence or deep invasion, such as morpheaform tumors or lesions on the nose, ears, canthus, or eyelids. This technique of excision and microscopic examination of all margins has cure rates of 96% to 99% for primary tumors. In addition, Mohs' microsurgery has a similar cure rate for recurrent tumors, which is significantly better than the 60% to 70% cure rates with conventional therapy. Because the Mohs' procedure is time-consuming, more costly, and requires special training and a laboratory, it should be reserved for those difficult or recurrent tumors described earlier. After Mohs' microsurgery or surgical excision, the wound may be closed primarily with skin grafts or with local flaps for the best cosmetic result. If the lesion is extensive and at higher risk for local recurrence, the wound may be skin grafted or allowed to heal by contracture so that recurrences can be easily detected.

Radiation therapy, though not used routinely, is effective in treating basal cell carcinomas (90% to 94% cures) and can be used in old or debilitated patients. Topical 5-fluorouracil application is effective with multicentric superficial lesions. The retinoids and $\beta$-carotene have not shown efficacy in treatment or prevention.

Because ultraviolet radiation has a cumulative effect on the skin, the prevention of exposure cannot be overemphasized. It is estimated that the regular use of sunscreens could reduce the incidence of nonmelanoma skin cancers, most of which are basal cell, by 78%.

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## Pressure Sores

PRESSURE SORES continue to be a common, expensive, and preventable complication of long-term immobility or paralysis. They develop in about 3% to 5% of all people admitted to a hospital and 45% of those in long-term-care facilities. More than 70% occur in patients who are 70 years and older. Factors placing patients at risk for ulceration are decreased mobility, activity, and sensory perception and an increase in friction, shear forces, and moisture. Because of the difficulty and expense of treatment, resources should be directed toward prevention. Foremost is the necessity to provide pressure relief in areas supporting body weight, particularly over regions of bony prominence. Limiting the duration of pressure and reducing peak pressures over particularly vulnerable sites can now be accomplished. Dynamic pressure devices can measure individual patterns of pressure variation, allowing customized mattress and cushion therapy. Friction can also be controlled by reducing or relieving pressure.

Ulcers are classified as grade I through IV. Grade I lesions are limited to the epidermis and superficial dermis. Damage from grade II lesions involves the full thickness of skin into adipose tissue. Grade III lesions extend through the skin, subcutaneous tissue, and into underly-